

IN CL. FILED
U.S. DISTRICT COURT
MASSACHUSETTS

2005 DEC 19 A 8:37

10 Woodlawn Drive
Mendon, MA
December 15, 2005

To Whom It May Concern,

I, Jeanie P. Moore Mauleel Summon and
^{complaint} to Brigham & Women's Hospital to
Joan C. Stoddard. I did not make
an copy of the summon for my
self to send back to the court
because I didn't think to do so.
I am very sorry. I hope this
will not impact on this case.
Enclosed, I am sending the
green card where Summon and
complaint was received.

Thank you,
Jeanie P. Moore

| | |
|--|--|
| SENDER: COMPLETE THIS SECTION | |
| <p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> | |
| <p>1. Article Addressed to:</p> <p><i>Joan L. Stoddard Partners Health Care System, Inc. 50 Staniford St., Suite 1000 Boston, MA 02114-2521</i></p> | |
| <p>2. Article Number (Transfer from service label)</p> <p>7005 1820 0000 3178 3566</p> | |
| <p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> | |
| <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> | |
| <p>D. Is delivery address different from item 1? If YES, enter delivery address below: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> | |
| <p>5. Signature</p> <p><i>[Signature]</i></p> <p>Received by MF 13 2005</p> <p>Printed Name: MF</p> | |
| <p>6. Agent</p> | |
| <p>7. Addressee</p> | |
| <p>8. Date of Delivery</p> | |

Domestic Return Receipt

PS Form 3811, February 2004

102555-02-M-1540